

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 06/06/01?
 - b. The request was received on 06/04/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Requestor did not submitted additional documentation per Rule 133.307 (g)(3). Therefore, the Division could not forward a copy of a requestor's 14-day response to the insurance carrier per Rule 133.307 (g)(4). The only response from the insurance carrier was received in the Division on 06/14/02 and is reflected as Exhibit II.
4. Fax confirmation of the Commission's request for two copies of additional documentation per Rule 133.307 (g)(3) is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1&2), the only date of service eligible for review is 06/06/01.
2. The Carrier's EOBs have the denials: "C – NEGOTIATED CONTRACT " and the statement *"NO FURTHER ALLOWANCE IS RECOMMENDED, DISKECTOMY GLOBAL TO ARTHRODESIS PER TX WORKERS COMP FEE SCHEDULE PAGE 65."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
06/06/01	63075-51	\$4050.00	\$672.60	C, *	\$1416.00 (50% of the \$2832.00 MAR due to the -51 modifier)	MFG, SGR (I)(E)(2)(a), CPT descriptor, TWCC Advisory 97-01	<p>The issue of this dispute appears to have nothing to do with a negotiated contract that does seem to be in effect. The dispute centers on if the disputed CPT code is global to the arthrodesis performed on the same day. The carrier's denial appears to be referencing SGR (I)(E)(2)(a) that states, "All arthrodesis procedures include those vertebral graft preparations, such as diskectomy, necessary to accomplish the arthrodesis." However, TWCC Advisory 97-01, refers to SGR (I)(E)(2)(a) and states, "The word "minimal" was omitted from the section by clerical error. As corrected it reads: 'All arthrodesis procedures include those vertebral graft preparation, such as minimal diskectomy, necessary to accomplish the arthrodesis.'" The medical documentation indicates this was more than a minimal diskectomy and should be reimbursed per the multiple procedure rules and with the application of the 5% PPO discount.</p> <p>Therefore, additional reimbursement of \$672.60 (\$1416.00 less 5% PPO discount = \$1345.20 - \$672.60 reimbursed to date) is recommended.</p>
Totals		\$4050.00	\$672.60				The Requestor is entitled to additional reimbursement in the amount of \$672.60.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$672.60 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4th day of November 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division